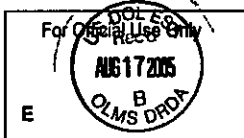


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 817	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Doug Upperman P O Box Bldg Room No if any Street 4822 14th St SW City Canton State Ohio ZIP Code + 4 44710	4 Name file number and address of labor organization Name Electrical Workers IBEW AFL-CIO Labor Organization File Number 001-665 P O Box Building and Room Number if any Local 540 Street 2333 Nave Rd SE City Massillon State Ohio ZIP Code + 4 44646
5 Position in labor organization Vice President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Canton Electrical JATC Trade Name if any P O Box, Bldg Room No if any Street 2333 Nave Rd SE City Massillon State Ohio ZIP Code + 4 44646	7 a Nature of Interest, Transaction or Income Instructor for Apprenticeship class 7 b Amount. \$295

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed	On 8/12/05 330-477-6419 Date Telephone Number

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name if any <input style="width: 90%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name if any <input style="width: 90%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <input style="width: 150px;" type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12 b Amount <input style="width: 150px;" type="text"/></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name if any <input style="width: 90%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input style="width: 150px;" type="text"/></p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8719	2 Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Eric A Westlund P O Box Bldg Room No if any Street 3850 S Racine Ave City Chicago State Illinois ZIP Code + 4 60609-2139	4 Name file number and address of labor organization Name Local 17 Heat & Frost Insulators Labor Organization File Number 009-675 P O Box Building and Room Number if any Street 3850 S Racine Ave City Chicago State Illinois ZIP Code + 4 60609-2139
5 Position in labor organization Union Trustee/Apprentice Trainer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed	On 8/12/2005	(773) 247-8184
	Date	Telephone Number

Name of Person Filing Eric Westlund	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Local 17 J A T C Trade Name if any P O Box Bldg Room No if any Street 3850 S Racine Ave City Chicago State Illinois ZIP Code + 4 60609-2139	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11.a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Instruct apprentices in trade practices Reimbursement of fees for required State Certifications Wages of \$1 168 Benefits of \$718 and license reimbursement of \$225 12.b Amount. \$2 111

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P.O Box Bldg Room No if any Street City State ZIP Code + 4	14.a Nature of payment.
13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.

August 11, 2005

As I was not aware of the report and requirement for filing Form LM-30, for the period January 1, 2004 to December 31, 2004, and prior to that time, I have attempted in good faith to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences. As I do not have accurate records of such occurrences, some or several items may be unintentionally omitted from this report. The following represents my honest effort to reasonably estimate and report what I believe to be the necessary information.

Eric A. West 8/12/05